

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/030573

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5	/		/			
6		/		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11	/		/			
12		/		/		
13		/		/		
14		3		/		
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	16	↓	12	↓		↓
TOTAL CLAIMS	19		15			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS